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# **Mental Health Planning & Advisory Council**

**Vision**  
*Plan, Advocate, Evaluate*

**Mission**  
*To advocate for a system that supports persons  
impacted by mental disorders on their journeys  
to achieve the highest quality of life possible by  
promoting evidence-based, cost-effective,  
individualized mental health services.*

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Mental Health Planning and Advisory Council  
SeaTac Holiday Inn Express Hotel & Suites  
19621 International Blvd, SeaTac  
February 14, 2007, 9:30 – 3:30

## MINUTES

### SPECIAL MEETING TO CLARIFY MHPAC'S SAMHSA DEFINED ROLE TO ADVOCATE

**PRESENT:** Joann Freimund, Cathii Nash, Steve Norsen, Nanette Baker, Diane Eschenbacher, Dorothy Trueblood, Diana Jaden-Catori, Rick Crozier, JoEllen Woodrow, Cheri Dolezal, Marie Jubie, Barb Putnam, Doug Johnson, Becky Bates, Eleanor Owens, Graydon Andrus, BJ Cooper, Thressa Alston, Tom Saltrup, Danny Eng, Roger Bauer, Lenora Warden, Brett Lawton, Cindy Ashley-Nelson, Erin Peterschick,

**GUESTS:** Judy Stange, Executive Director, National Association of MHPAC's  
Joseph de Raismes J.D., Past Chair of National Assoc. of MHPAC, presently City Attorney for Boulder, Colorado  
Robin Arnold-Williams, Secretary of DSHS  
Richard Kellogg, Director, Mental Health Division  
Ken Stark, Director of the Transformation Grant  
Mary Christie, Russ Hammond, and Dan Clements, Prospective New Members  
David Lord, President WPAS  
Allan Guitar, President Rose House  
Clifford Thurston, Executive Director, New Century Consumer Coalition

**EXCUSED:** Annie Conant, and Vanessa Lewis

**UNEXCUSED:** Ron McCoy, Traci Adair, and Michael Haan

- I. Introductions of Council members and guests– Joann Freimund and Judy Stange
- II. Overview and background of the Council's advocacy role-J. Freimund
  - A. As a result of attending a SAMSHA conference in June 2002, the Council changed its structure to include a Legislative and Program Planning Subcommittee, created a new Vision and Mission statement and revised its By-Laws to emphasize an advocacy role.
  - B. The Legislative Subcommittee created an informational brochure in 2002 which was distributed to Legislators until 2006.
  - C. Richard Kellogg, Director of MHD, directed the Council in December 2006 that there needed to be written permission for Council interaction with the Legislator.

- D. This action created a need to clarify the guidelines for Council advocacy and led to the purpose of this 2-14-'07 Council meeting.

### III. Models of advocacy in other states - Judy Stange

- A. Reviewed the 3 federal mandates to councils
- B. Montana
  - 1. Statutorily mandated to provide advocacy but not on pending legislation.
  - 2. Uses Block grant monies to host an annual legislative forum.
  - 3. Copy all correspondence to MHD to maintain a collegial, trusting relationship
- C. Alabama
  - 1. Council membership include a state House and Senate representatives
  - 2. Council advocates on behalf of other organizations.
- D. California
  - 1. Receives large amounts of FBG money. Has full-time paid staff
  - 2. Staff analyze bills, take positions. Write letters to legislators, testify at hearings, and work in coalition with other constituencies. Often the executive director when "blessed" by the Council represents the council.
  - 3. Council develops and adopts a legislative platform that defines PAC's basic position on issues.
- E. Idaho Council incorporated into state law
  - 1. Hosts an annual Legislative breakfast.
  - 2. Required to make an annual report to legislature which serves as a platform for informing the Legislature of Council activities.
- F. Tennessee PAC participates in TN MH & Substance Abuse Coalition.  
Council members sign conflict of interest agreement.
- G. West Virginia: PAC participates in "fair Shake" a coalition of advocacy and disability organizations

### IV. Federal level -- Joseph de Raismes and Judy Stange

- A. Reviewed of federal Public Law 99-660 (1986), 101-639 (1990) and 102-321 (1992).
- B. Advocacy points from Joe de Raismes
  - 1. TO SERVE AS ADVOCACY WITH PEOPLE WITH MENTAL ILLNESS.  
Advocacy for a class of people not for the Council. Joe doesn't favor a statute. They limit and don't empower.
  - 2. Council must accept that the state needs to know what they are doing.
  - 3. Colorado's Resource Committee - NAMI, Council etc. get together and only deal with the use of resources. Involved with the Legislative Joint Budget Committee
  - 4. Council's need to work collaboratively and in partnerships, carve out and find innovative and new directions, act in an advisory capacity but go beyond that and negotiate.
  - 5. Council's need to think politically about how the Council brings the system together, be flexible about it.
  - 6. Advocacy is the job of the council and there are a lot of ways to do it.

### V. State level - Robin Arnold-Williams and Richard Kellogg

- A. Robin Arnold Williams comments: Requests interactivity with members. She is most familiar with the Colorado model. (Effective in expressing the needs of the MH system.) The Council is the entity that is critical to express the needs of the MH system and how it performs. We have restrictions since we are in a public system, and the Council is within the same public system. There are ways within our boundaries that are absolute. The

worst thing we can do is divide and conquer. We need to communicate and try to agree. State has good policies and are working on updating some of them in order to better enforce them.

Be collaborative.

Think about: Is there a better way of annual reporting to the Governor? Think about a better process to go... the chair of the legislative committee. Go further, have a discussion with Robin instead of just handing in a report.

How does the Council influence? Is there a way we can get interchange?

Where is Council's voice to other DSHS Councils? (e.g. Children's Administration) Get beyond just advocating with legislators.

State agencies have time lines, if you plan ahead of that curve then you can provide a set of recommendations. Establish time lines around planning. Timelines are April/May Department/Division begin budgetary and planning process.

- Mid July - budget and planning goes to DSHS Secretary.
- September - DSHS Secretary gives this info to Governor.

Feb 23 is the T grant work group, the Council is invited to attend.

In a collaborative way, revisions need to be done on both sides. Maximize the impact and staying within the boundaries we have.

- B. Richard Kellogg's comments. Would like the Council to be more involved on how the whole system is run. How do we plan the purpose of what the FBG is going to be? Bigger picture is the system. An opportunity for collaboration, leg invited MHD asking us on how to reform the system. Invited to look at utilization management, to have a housing plan, etc. Robin Arnold Williams noted that with Legislature in session we have no time to breathe on when to make the next budget, now is the time to advocate a broader approach on how the FBG is done. MH needs can be heard now. Requests should be in by mid July (sooner), Robin submits recommendations to Gov in Sept.

## VI. FORMULATION of ADVOCACY GUIDELINES

- A. Create the Councils model on how we want to operate. Collaboration of council with the bigger picture.
- B. Map out time frames, and various issues. What need to be done?
- C. Utilize the Transformation Grant on how the Council can focus on the breath of their stuff.
- D. Understand that there are rules in government entities that you have to follow but there are ways you can advocate on your own behalf.
- E. Narrow down to key things that need to be changed or implemented.
- F. Brainstorming as a group using President's New Freedom Goals.

## VII. Whiteboard exercise on reactions to meeting, so far, were:

Excited but confused about how to "lobby"; Forgiveness for "Excited utterances"/slips?; Excited by co-example, worthwhile collaboration; Excited by Robin's invitations regarding Resource Group, timelines; Redo brochure without policy positions; Relate to other DHHS advisory groups; Develop a strategy for relating, dialoging, and collaboration with those advisory groups and subset Annual meeting of leadership/advisory groups?

## VIII. Council input to the 2-23-'07 Transformation Work Group's task of filling in the "white space".

- A. Ken Stark: The definition “white space” differs for different people. Many recommendations from 33 members have been taking existing systems and making things more efficient. People want to move to more major transformation instead of enhancing the recent system. T Group decided to talk about whitespace. “Things we haven’t yet talked about that people think are transformative”. Get input from home body and bring back to TWG.
- B. Diana Jaden-Catori brings up consumer run organizations with BG dollars. Judy Stange said this should fall in Resource management. Ken Stark said this could be a recommendation from the Council to TWG. Timelines would need to be created, approval from Robin and Richard.
- C. Council input for the TWG 2/23/07 MEETING:
  - 1. More Diversion/de-criminalization mental health.
    - a. What came out of the community?
    - b. What our role might be? Do you want more specific feedback due to de-criminalizing?
  - 2. Eliminate the middleman (reduce SILOS barriers-consumer/family EPB)
  - 3. Be more proactive not reactive
    - WRAP
    - continuum prevention to crisis EBP
  - 4. Disparities – telepsychiatry (mobile therapists) to address rural disparities, needs money for equipment (Ken Stark said nice to bring to TWG since that is what they are lacking)
  - 5. More collaboration among providers, especially in rural areas’ more consumer operated services and related technical assistance for (a)Finance (b) Credential, NC (c) Practice STDS
  - 6. Individual development accounts
  - 7. Services for Medicaid ineligible people (SSDI Part D)
  - 8. Deal with boundary issues between PAC and TWG
  - 9. 501 (c)(3) statewide consumer org
  - 10. MHPAC has key focus on asset building. Helping build assets towards independence development accounts. Transformative.
- IX. Work groups: In order to focus on guidelines for implementing the suggestions from the DSHS Secretary and the MHD Director, the meeting broke into two work groups: (1) Resource issue, April and July timelines; and (2) Council collaboration with other state agency mandated advisory groups.
  - A. Work Group 1 --Resource Issues
    - 1. Goal: MHPAC to influence legislation and administrative budget priorities upstream
    - 2. Issues:
      - a. Timely input (April and July), effective, and efficient
      - b. One or two priorities
      - c. Make hard choices
      - d. Fix dysfunctional law
      - e. Need for accountability (Failed RSNs got a 2nd run)
        - i. Many consumers lack a voice
        - ii. Community MHC’s have disproportionate power.
        - iii. No focus on prevention and recovery
        - iv. Disincentives for people to “Graduate” from the system.

- v. Address base funding of service providers (example: One Community mental health provider has more money than the King RSN)
- vi. Low skill and low pay of first line treatment staff, high staff turnover
- vii. Discrepancies in care between RSNs

3. Opportunities/challenges

- a. Link equal access issues to parity legislation
- b. Demand that DSHS disclose budget issues, in a timely manner, and “Follow the money”
- c. Establish a presence and build trust with DSHS on budget issues
- d. Take the steps suggested by Richard and Robin (Joann statement but not written on Joe’s whiteboard)
- e. Work with JLARC/Executive Leg MH Task Force
- f. Work with other advisory councils to build consensus on budget priorities

4. Work plan

- a. Ken Stark will prepare/disclosure current budget priorities and proposals, ASAP (April)
- b. PAC to discuss and set its own priorities and discuss with Richard by April to tell us what the actual figures are.
- c. Joann raised the idea of dis-invite the hospital staff invited to the April meeting to give the Council to meet deadlines. Request report of hospital activity to Council instead. Move that the Council postpone ESH and WSH coming in April to take care of Council deadlines. Motion approved unanimously.
- d. MHPAC to discuss MHD priorities and discuss with Robin by June
- e. Judy Stange suggestion: Have a broader discussion on what (2 or 3) key things the Council will want to accomplish as a strategy.

B. Work Group 2 - MHPAC collaboration with other state agency advisory groups

- 1. Goals – to Identify Partners for Collaboration and Advocacy Advancement (Groups who are at a peer level with the MHPAC, such as required by federal mandate and advising at the state level).
- 2. Issues
  - a. Would like to have a comprehensive inventory of existing advisory groups to know who’s out there, what they are doing, and figure out who to try to collaborate with. Who are they? Secretary Robin Arnold Williams will help ID the DSHS adv groups. What is their Charter and target population? How can we partner with them?
  - b. Review criteria for who to partner with (MHPAC will define what the criteria are once they come up with focus topics for the upcoming year).
  - c. ID our focus – set priorities within the sub-committees based on what MHPAC larger focus is, and what the subcommittees wish to pursue to complement/expand the priorities of the full Council.
  - d. Find way to distribute info – network; sit on other advisory groups if appropriate.

3. Opportunities/challenges

4. Work Plan

- a. Who? Contact Robin and TWG group through Joann, Erin Peterschick

- b. What? Get list of DSHS ones from Robin; ask TWG members for their groups and report back to the full council with those lists and their Charters, key contacts
- c. When? MHPAC March meeting (tentative target date)
- d. Based on the Full Council's focused priorities, a review of all of the groups, their Charters, and identified priorities will need to be assessed. It was recommended that when the time comes, an Ad Hoc subcommittee should be formed to perform this review/assessment and report back to the full Council.
- e. Note: It will be the full Council's decision regarding who they want to partner with and to design strategies around how to form this collaboration.

3:30      ADJOURN

The next MHPAC Meeting will on Wednesday, March 14, 2007 at the SeaTac Holiday Inn Express from 9:30 until 3:30.

Please be sure to make airline travel/hotel arrangements at least two weeks ahead via email to Christina Carter at [cartecc@dshs.wa.gov](mailto:cartecc@dshs.wa.gov). Thank you for your cooperation.